RULE 63 (37 C.F.R. 1.63)
INVENTORS DECLARATION FOR PATENT APPLICATION
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

As a below named inventor, I hereby declare that my residence, mailing address and citizenship are as stated below next to my name, and I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:
MEANS FOR REGULATING THE EXPRESSION OF HUMAN ISOFORMS OF ANT

the specification of which (check applicable box(es)):

[ ]   is attached hereto

[X]   was filed on   July 20, 2005   as U.S. Application Serial No.   (Atty. Dkt. No. 1721-96)

[X]   was filed as PCT International application No.   PCT/FR2004/000127   on   21 January 2004

and (if applicable to U.S. or PCT application) was amended on   20 July 2005

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose to the Patent Office all information known to me to be material to patentability as defined in 37 C.F.R. 1.56. I hereby claim foreign priority benefits under 35 U.S.C. 119/365 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed or, if no priority is claimed, before the filing date of this application:
Priority Foreign Application(s):

Application Number	Country	Day/Month/Year Filed
FR	03/00622	21 January 2003

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below.

Application Number	Date/Month/Year Filed

I hereby claim the benefit under 35 U.S.C. 120/365 of all prior United States and PCT international applications listed above or below:
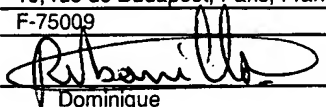
Prior U.S./PCT Application(s): Application Serial No.	Day/Month/Year Filed	Status: patented pending, abandoned
PCT/FR2004/000127	21 January 2004	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. And on behalf of the owner(s) hereof, I hereby appoint Nixon & Vanderhye P.C., telephone number 703-816-4000 (to whom all communications are to be directed) and the attorneys of: **Customer Number 23117**, individually and collectively owner's/owners' attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith and with the resulting patent. I also authorize Nixon & Vanderhye to add or delete attorneys from that Customer Number, and to act and rely solely on instructions directly communicated from the person, assignee, attorney, firm, or other organization sending instructions to Nixon & Vanderhye on behalf of the owner(s).

1.   Inventor's Signature: _____   Date: 8 Sept 2005

      Inventor: Annie   MI   Borgne   France
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2.   Inventor's Signature: _____   Date: 8 Sept 2005

      Inventor: Dominique   MI   Rebouillat   France
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[X] *See attached sheet(s) for additional inventor(s) information!!*

3.   Inventor's Signature: _____   Date: 8 fe/br 2005
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4.   Inventor's Signature: _____   Date: _____
    Inventor:

(first)	MI	(last)	(citizenship)

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    (Zip Code) _____

5.   Inventor's Signature: _____   Date: _____
    Inventor:

(first)	MI	(last)	(citizenship)

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    Mailing Address: _____
    (Zip Code) _____

6.   Inventor's Signature: _____   Date: _____
    Inventor:

(first)	MI	(last)	(citizenship)

    Residence: (city) _____ (state/country) _____
    Mailing Address: _____
    (Zip Code) _____

FOR ADDITIONAL INVENTORS, check box [ ] and attach sheet with same information and signature and date for each.

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